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AUTHOR Gardipee, Sheila; Clemens, Glenna
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ABSTRACT

A clinical preceptor is an employed registered nurse in a clinical facility who supervises and evaluates a student's performance independent of a clinical instructor. This manual is intended to assist the clinical preceptor, especially the preceptor dealing with re-entry nursing students. It encompasses a practical approach with actual situations and solutions encountered by other preceptors. The manual is divided into six units. At the beginning of each unit there is a short introduction followed by learning experiences, directions to the learner, and objectives for the individual unit. Optional readings are also listed. Units 1 and 2 cover the guidelines for a preceptor and explain the preceptor's responsibilities. Unit 3 provides the preceptor with teaching-learning principles. It is intended as an overview since registered nurses use these principles daily in teaching patients and staff. Unit 4 covers anxieties of the re-entry students and how the preceptor can deal with these situations. Unit 5 is a guide to improve the clinical experience for the re-entry student. Unit 6 explains the use of the weekly evaluation tool and how to complete the Oregon State Board of Nursing evaluation form. A bibliography is included. (KC)

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INSTRUCTIONAL LEARNING SYSTEMS

Clinical Preceptor

Writers: (Lane Community College)
Sheila Gardipee, Research Consultant
Glenna Clemens, Instructor

Specialists: (Oregon Dept. of Education)
Joan Stoddard, Health Occupations
Don Austen, Curriculum Development

Coordinator: (Oregon Dept. of Education)
James W. Hargis, Curriculum Develop.

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INTRODUCTION

You have just agreed to be a preceptor for an RN reentry student and now you are having second thoughts about your role and responsibilities. This manual is intended to assist you and make the transition easier. It encompasses a practical approach with actual situations and solutions encountered by other preceptors.

The manual is divided into six units. At the beginning of each unit there is a short introduction followed by learning experiences, directions to the learner and objectives for the individual unit. Each unit is complete by itself. It is not necessary to read additional literature in order to complete the unit objectives. Optional readings are listed for those interested in obtaining additional information.

Units one and two cover the guidelines for a preceptor and explain your responsibilities.

Unit three provides you with teaching-learning principles. It is intended as an overview since registered nurses utilize these principles daily in teaching patients and staff.

Unit four covers anxieties of the reentry students and how the preceptor can deal with these situations.

Unit five is a guide to improve the clinical experience for the reentry student.

Unit six explains the use of the weekly evaluation tool and how to complete the Oregon State Board of Nursing Evaluation form.

The preceptor is a very important part of the RN Reentry Program. With your help and support the reentry students will be able to succeed in their return to the nursing profession.

UNIT 1. CLINICAL PRECEPTORS: WHO ARE THEY?

Introduction

Qualifications for a preceptor may vary from institution to institution. The guidelines to be identified in this unit are not hard fast rules. Staff nurses vary as much as other individuals and one may find an excellent preceptor who does not fit the guidelines. The following guidelines are those adopted by Lane Community College in selecting preceptors for RN reentry students.

Learning Experiences

Required readings:

1. Information Sheet #1: "Clinical Preceptor."
2. Information Sheet #2: "A Good Preceptor Is..."

Directions to Learner

1. Read the objectives.
2. Complete the required readings to answer the objectives.

Objectives

After you have studied the information presented here, you will be able to:

1. Define clinical preceptor.
2. Identify the four qualifications necessary for a clinical preceptor.
3. Identify student expectations of a clinical preceptor.

INFORMATION SHEET #1

Clinical Preceptor

In reviewing the nursing literature of today, one can find varying definitions of the term preceptor. For the basis of this material the term clinical preceptor will be defined as an employed registered nurse in a clinical facility who supervises and evaluates a student's performance independent of a clinical instructor.

What makes a preceptor unique in relation to other nurses who work with students in a clinical facility is the fact that there is usually no instructor present during the clinical hours to supervise the students. Instructors are available as resource people and problem solvers. Thus a lot of the student's anxieties and questions will be directed toward the clinical preceptor.

The preceptor, first of all, should be willing to assume the role of preceptor. It should not be a coerced willingness from the RN's supervisor. The supervisor should not send a memo to the staff nurse stating that a reentry student will be working with the nurse for the next eleven weeks. A two-way communication needs to take place. The nurse needs to be a willing and enthusiastic preceptor.

The preceptor should have no less than six months of nursing practice with experience in supervising personnel. Nurses with less than six months experience are still dealing with their own anxieties of a new position and new environment. Previous experience supervising personnel is desirable since the preceptor will need to be working with and evaluating the student.

The supervision needed is essentially the same as team leaders effectively carry out daily in working with and supervising their team members.

The staff nurse assuming the role of a preceptor should have enough clinical and professional experience to be able to explain to students the rationale behind, as well as skills involved in, the treatment being given. A charge nurse who recently has moved from a neurology unit to a cardiac unit may not have the clinical experience in the cardiac area to help another person even though the nurse has been a highly successful and professional nurse for years.

The staff nurse assuming the role of preceptor needs to be approved by the director of nurses, unit manager and the college involved.

Students' expectations of a preceptor are great. They expect the most of you and may well demand it from you. A group of reentry students were asked the question, "A good preceptor is..." Their responses are illustrated for you on Information Sheet #2: A Good Preceptor Is...

A good PRECEPTOR is:

Quiet, unhurried, kind, patient, understanding, cheerful and pleasant, knowledgeable with fine technical skills, careful, conscientious, polite, one who communicates well, a booster of self confidence, a good teacher, a willing preceptor.

UNIT 2. ROLE OF THE PRECEPTOR

Introduction

The role of the preceptor in a clinical setting may vary somewhat from institution to institution. In this unit the model adopted by Lane Community College over the past year will be followed. If there is a discrepancy in the responsibilities of the preceptor, instructor or student, your individual institutions will provide you with their guidelines.

Learning Experiences

Required readings:

1. Information Sheet #1: "Responsibilities of Course Instructor and RN reentry student."
2. Information Sheet #2: "Responsibilities of Clinical Preceptor."

Directions to Learner

1. Read the objectives.
2. Complete the required readings to answer the objectives.

Objectives

After you have studied the information presented here, you will be able to:

1. Describe the six responsibilities of the RN reentry instructor.
2. Describe the seven responsibilities of the RN reentry student.
3. Describe the six responsibilities of the RN preceptor.

INFORMATION SHEET #1

Responsibilities of Course Instructor and RN Reentry Student

In order to see how your role as a preceptor fits into the total picture of the RN reentry clincial experience we will first look at the role of the instructor and student.

Responsibilities of RN Reentry Instructor

1. Contact director of nurses and unit manager to discuss the possibility of utilizing a preceptor.
2. Meet with preceptor to discuss her/his responsibilities.
3. Meet with preceptor and student.
   a. Determine goals and objectives.
   b. Determine working days.
4. Provide a course syllabus and weekly class schedule to preceptor.
5. Contact preceptor weekly or upon request for feedback regarding student's progress (strengths and weaknesses).
6. Assist the student in practicing and reviewing needed content.

Description of RN Reentry Students' Responsibilities

1. Share nursing background with preceptor.
2. Define objectives and share with preceptor. These should be written objectives and presented at initial meeting with preceptor.
3. Pick up assignment the evening or day before clinical experience.
4. Prepare for clinical experience based on assignment.
   a. Use reliable unit resources and references to obtain information about pathophysiological problems, diagnostic procedures, nursing

procedures, treatments and medications the patient(s) is receiving.

b. Increase their knowledge and skill of nursing procedures through the use of audio-visual aids, reading references and requesting their instructor to make educational laboratory practice available as needed.

5. On days of clinical experience the student should:

a. Arrive on the unit in uniform with name pin on.

b. Obtain report on patient(s).

d. Be responsible for patient's basic needs while on the unit.

e. Modify nursing care plans as indicated.

6. Seek evaluation/feedback from personnel weekly.

7. Adhere to hospital policy.

INFORMATION SHEET #2

Responsibilities of Clinical Preceptor

With the duties of the instructor and student in focus, let us begin by looking at the responsibilities of the preceptor in the clinical setting.

The first responsibility is to counsel students regarding their objectives or goals. The institution offering the RN Reentry Program has the primary responsibility in counseling students and helping them attain realistic goals regarding their education. However, as students vary in relation to their background and experience, they will have their own unique goals they wish to accomplish during the course. The clinical preceptor will thus have the opportunity, as well as the obligation, to help the student form realistic objectives in relation to the clinical unit they have been assigned.

Prior to starting their clinical experience, each student is asked to write their own objectives for the course and then to meet with the preceptor. During the meeting with the preceptor the students share background information and objectives. It is important to remember that although these students have been out of nursing for awhile they bring with them a wealth of knowledge from their past. Many times the students can give and do give new information to the preceptors.

The following is a list of clinical objectives that students from previous courses have written for their experience on a medical floor. Read through the list and place an "x" by those objectives you feel a student could realistically achieve in eleven weeks.

____ 1. To become familiar with the new lab tests and their nursing implications.

____ 2. To become competent in performing a complete physical exam using the techniques of inspection, palpitation, percussion and auscultation.

____ 3. To administer IV fluids and IV medications safely adhering to hospital policy.

____ 4. To increase skill in the area of first aid.

____ 5. To gain expertise in reading EKG's.

ANSWER:

If you answered 1 and 3, you are absolutely correct. Statement 2 would be hard to achieve in most clinical units since RN's are not doing a complete physical exam. The student could hope to gain beginning skills in chest and abdominal exams. Statement 4 is unrealistic but was presented by a student as one of her goals. Statement 5 could possibly be attainable in certain areas; however, on a general medical floor, staff nurses generally are not orientated toward the reading of EKG's except for the life threatening arrhythmias.

Besides the student's objectives, you will have objectives from the sponsoring institution. Based on these objectives, you will need to make clinical assignments for the student. This is not difficult. You assign patient care to your team members everyday based on their own unique abilities. Each student will vary in their abilities; but if you remember the end objective of this course is to have a nurse who can function safely as a registered nurse, then you can move toward this end. Past experience with other refresher students has revealed that

a day of orientation spent with the charge nurse and ward clerk followed by a day of patient care (one to two patients only) is a good orientation back into the nursing routine for an RN reentry student. You will be amazed at how fast their skills return. Do not give up on them if they fail to get the lab slips off to the lab correctly or forget to fill out required vouchers. Getting forms out promptly and correctly is great, but not the essence of nursing. Remember your routine and forms are new to them; give them a chance to absorb it. More about teaching and learning will follow in Unit Three.

An alternative to patient assignments is to let the students make their own assignments. The students are adults and as adults they are capable of making decisions that pertain to their educational goals. If you are not on the unit the day before their clinical experience, arrange with the student to make their own assignments. Why not give the assignments to them before they report like we do the other team members? This is a legitimate question and many preceptors have opted to do just that. However, in doing this, you deprive the student of doing any preparation before the clinical experience. Any new procedures or equipment will be just that, NEW, since they did not have the opportunity to practice prior to clinical experience. The end result is that you will need to spend more time teaching the student how and why to do something instead of allowing them to try. Granted, as the weeks go by and they gain experience, assignments prior to clinical experience may not be as important.

Evaluation of students on a weekly basis is the third responsibility of the clinical preceptor. Everyone needs feedback regarding their performance if they are going to improve their skills or maintain their motivation.

It is well known that staff nurses have a busy schedule. But you do need to let the students know how they are doing. An evaluation tool has been developed that takes five minutes to complete. It will be explained in more detail in the unit on evaluation. Telling the students they are "doing fine" or "don't have any problems" can be misleading for you and the student. They may supposedly be doing fine and then at the end of ten weeks it becomes apparent they are not safe. To prevent this you need to give descriptive evaluations to your students each week.

The evaluation process ties into the fourth responsibility of the clinical preceptor. That is to advise students in areas that need practice and review at school. Most schools have nursing laboratories that are well equipped to allow the student to practice whatever skill is necessary. If they continually contaminate every IV tubing they touch, send them to the lab to practice instead of utilizing your time and energy in repeatedly showing them how to manipulate the equipment. The students have a responsibility to obtain the needed information to practice safely in a clinical area.

The fifth function of the clinical preceptor is to fill out the Oregon State Board of Nursing evaluation form to the best of their ability. The course instructor has the primary responsibility regarding the evaluation form; so do not feel your findings alone will be the final determinant as to whether the student passes or fails the course. If you have utilized the weekly evaluation tool, it will be an easy task to complete the evaluation form. The evaluation is to be shared with and signed by the student. The instructor will then review the evaluation and add pertinent comments in those areas difficult to evaluate.

The sixth and final responsibility of the preceptor is to advise employers about student abilities if they ar contacted. This is an optional responsibility. You would be contacted if the student gave your name as a reference on an employment application. This has not been a major area of involvement for the preceptor in the pst. If contacted, you would need to be honest and objective as you would in any recommendation provided for a co-worker.

In summary, the six responsibilities of the clinical preceptor are:

1. To counsel students regarding their educational goals.
2. To make student assignments the day before their clinical experience.
3. To evaluate students on a weekly basis utilizing the form provided by the institution.
4. Advise students in areas that need practice and review at school.
5. Fill out the Oregon State Board of Nursing evaluation form.
6. Advise employers about student abilities.

UNIT 3: TEACHING-LEARNING PROCESS

Introduction

All nurses regardless of their clinical setting have a responsibility to teach others. This responsibility is related to patient and staff personnel. The Nurse Practice Act states, "The licensee shall be responsible for such health care teaching as will help other staff personnel improve patient care and contribute to patients' and families' health maintenance and well being." We are committed by law to teaching. The following principles of teaching and learning may be a review for most nurses. No attempt has been made to go into great detail. If this is new information, feel confident your patients, as well as students you may be supervising, will benefit from these principles.

Learning Experiences

Required readings:

1. Information Sheet #1: "Principles of Learning"
2. Case Study: "Mrs. Young Returns to Nursing"
3. Information Sheet #2: "Principles of Teaching"
4. Information Sheet #3: "Application of Teaching-Learning Principles to a Clinical Setting"

Optional Readings

1. Redman, Barbara Klug, The Process of Patient Teaching in Nursing, 3rd ed., St. Louis, C. V. Mosby Company, 1976.
2. Pohl, Margaret L., The Teaching Function of the Nursing Practitioner, 2d ed., The Brown Foundations in Nursing Series, Dubuque, Iowa, Wm. C. Brown Company, 1973.

Directions to the Learner

1. Read the objectives.
2. Complete the required readings to answer the objectives.

Objectives

After you have studied the information, you should be able to:

1. Define principle.
2. Identify 12 principles of learning helpful for the nurse-teacher and/or preceptor.
3. Identify nine principles of teaching that will be helpful for the nurse-teacher and/or preceptor.

A principle is a general assumption that can serve as a guide to action. It is not enough to be able to list principles. The key is the ability to apply these principles to learning situations. In this unit we will look at some general principles of learning and teaching and how they can be applied to the clinical setting. "The principles of teaching are derived from the principles of learning; what the teacher does is determined either directly or indirectly by the way people learn" (7, p. 26*). The two sets of principles are presented together in hopes of providing a greater cohesiveness to the teaching-learning process.

First, we will examine the principles of learning and how the principles can be applied to the clinical setting. Following the principles of learning is a case study, "Mrs. Young Returns to Nursing," which requires some active participation on the part of the reader.

Secondly, we will look at the principles of teaching and how the preceptor can apply these to the clinical setting. After reading through the principles of teaching, a case study is given which illustrates how the principles of learning and teaching can be incorporated into the clinical setting.

* bibliographic reference on last page of document.

INFORMATION SHEET #1

Principles of Learning

1. The Process of Trial and Error is a Way of Learning

When we are faced with a problem in which we do not know how to respond, we can either remove ourselves from the situation or try to solve the problem. If we elect to solve the problem, we go through steps of trial and error. We try one way, and if that does not work we try something else until we find a solution. This is a time consuming process but it does result in learning.

Many procedures and routines performed in the hospital require a certain amount of practice. In the first step, show the student how to perform the action and then allow them the opportunity to practice. The students will probably make errors if they employ the trial and error method of learning. The preceptor must take the errors as a matter of course and calmly suggest how to correct them. The majority of the students' practice will take place in the school setting; however, there will be times when a piece of equipment is unique to the clinical setting and a student will need to learn how to operate the equipment in the location where it is used.

2. Learning May Occur Through Imitation

Since the students may imitate whatever they observe, the preceptors need to be aware of their actions. Good technique or the lack of technique may be acquired by the students as they observe you perform your duties as a staff nurse.

3. An Individual Must be Motivated in Order to Learn

Motivation is a force or drive which leads the learner to acquire knowledge or skill. The motivation may be internal, such as a desire and need to finish a project; or it may be external, such as praise and encouragement. Most students already possess some degree of motivation or they would not be enrolled in the reentry program. The role of the preceptor is to maintain the students' level of motivation by offering recognition for a job well done.

4. The Emotional Condition Affects Learning

The emotional state of the learner may have either a beneficial or an adverse effect on learning. Mild anxiety may contribute to the learner's motivation; however, strong feelings of anxiety may inhibit motivation, alter perception and make learning impossible. The reentry student returns to nursing with strong feelings of anxiety. Their anxiety plays an important role, particularly in the first few weeks of the reentry program. A unit on anxiety will follow.

5. Satisfaction Reinforces Learning

Making certain that students receive positive feedback regarding their actions will increase their learning. We tend to repeat those actions that make us feel good. It is important to give the students some tasks early in their clinical experience that provide them with positive feedback. If students spend three days on the unit observing other personnel perform, they may become so overwhelmed that they begin to feel inadequate. The first day on the unit try to provide them with an opportunity to succeed so they will be encouraged to try again.

6. Physical and Mental Readiness are Necessary for Learning

Readiness refers to the ability of the learner to master new skills and knowledge. The students who are experiencing excessive anxiety might not have the mental readiness to learn new skills.

7. Effective Learning Requires Active Participation

Simply stated, this means one learns by doing. The preceptor needs to provide students with a chance to try out their skills. Some students may feel so insecure that they prefer to observe their preceptor instead of trying themselves. The preceptor will need to encourage these students to be more active.

8. Repetition Strengthens Learning

If at all possible the preceptor should allow the student to repeat routines as often as possible. Repetition leads to good habits and habits can be maintained only with continued use. For example, allowing the student to check the temperature board at regular intervals will reinforce the habit of determining the need to check for elevated temperatures as a routine. However, if you check the temperature board each time and then provide the information to the student, he/she will not develop the habit of doing it independently.

9. Immediate Use of What Is Being Learned Helps Maintain Interest and Contributes to Retention of Learning

Allow the students to use new knowledge as soon as it is introduced. For example, if the preceptor demonstrates how to complete a requisition form, provide the student the opportunity to perform the same activity as soon as possible.

10. Perception is Necessary for Learning

Perception is the awareness of one's environment through physical sensation. Sensory impairment can lead to errors in perception. If one cannot hear distinctly, the verbal message will be distorted. Likewise, if a person has failing vision, he/she will not see an object in the same way as a person with normal vision. Human differences may lead to errors in perception. Past experiences, attitudes or prejudices may distort a learner's perception.

11. Learner's Familiarity with Terms and Concepts Used in Teaching a Subject Determines Whether He/She Can Master New Learning

The reentry student is familiar with universally accepted medical and nursing terms. However, hospitals may have their own unique terms or abbreviations with which the students may not be familiar. Some clarification of terms may be needed at the necessary intervals.

12. Learning is Based on Existing Knowledge

The reentry students possess many of the nursing principles which serve as a framework for new knowledge. For example, the students will use their knowledge of pharmacology and aseptic technique to administer intravenous medications.

MRS. YOUNG RETURNS TO NURSING

Directions: Read and answer the questions as you proceed through the following case study.

Mrs. Young, a 43 year old woman with two children, ages six and seven, was assigned to a medical floor for her clinical experience while participating in an eleven week RN Reentry Program. Mrs. Young had been out of nursing for seven years. She had fifteen years experience as a surgical nurse prior to leaving the nursing profession. Having recently gone through a divorce, her change in marital status necessitated a return to work.

Question:

Prior to the start of the Reentry Program:

1. What type of motivation is present for Mrs. Young?
2. What factors may cause Mrs. Young to be anxious?

Answers:

1. Internal motivation.
2. Factors contributing to anxiety could include all or some of the following:
   a. Recent divorce.
   b. Need to complete program.
   c. Leaving children.
   d. Return to an unfamiliar area of nursing.

It is now the fourth week of the program. Mrs. Young's classroom instruction has included a review of many of the basic skills of nursing plus a general overview of the new developments in intravenous equipment, medications and nursing process. She has spent two days on the clinical unit which consisted of one orientation day spent working with the ward clerk and head nurse and one day giving care to two medical patients.

Based on her clinical objectives, previous experience and class content, Mrs. Young's clinical preceptor has assigned her to care for three patients who are receiving parenteral therapy and have IV and IM medications ordered. Mrs. Young knew of her assignment prior to clinical and was able to practice any needed skills in the nursing laboratory beforehand.

Question:

What teaching-learning principles did the preceptor utilize in making Mrs. Young's assignment?

Answer:

The teaching-learning principles utilized are:

1. Objectives serve as guides in planning teaching.
2. Immediate use of what is learned helps maintain interest and contributes to retention of learning.

Mrs. Young arrived on the unit and, after report, made assessment rounds on her assigned patients. Patient T's IV was found to have infiltrated. Mrs. Young reported this to her team leader. The team leader asked Mrs. Young to remove the IV and prepare a new set-up. Mrs. Young successfully removed the IV needle but did not know where the used equipment

was to be discarded; so she left it in the room and proceeded to prepare a new IV set-up.

Question:

Based on the learning principle listed on Information Sheet #1, the preceptor could do which of the following:

1. Remove and dispose of equipment in the room and then tell Mrs. Young what should have been done.
2. Have Mrs. Young accompany her while she disposes of equipment.
3. Show Mrs. Young where the IV equipment should be placed and then have her do it on her own.
4. Not mention the equipment at all but acknowledge the fact Mrs. Young successfully removed the IV needle and gathered the necessary equipment.

Answer:

Number three is correct because it utilizes the following principles:

1. Active participation is required for learning.
2. Immediate use of what is being learned maintains interest and contributes to retention of learning.

The other three answers are incorrect:

1. Just telling the student will not offer assurance she will remember the information when it is needed the next time.
2. Involves the principle of active participation but you cannot be sure the student's mind is on what is being taught and thus she may not pay attention as you lead her through the steps.
4. The learning process is not complete because Mrs. Young has not learned where to dispose of the IV equipment.

PRINCIPLES OF TEACHING

1. A Good Preceptor/Student Rapport is Important in Teaching

   Rapport is a relationship characterized by harmony or accord. In any type of cooperative situation it is helpful to have a comfortable relationship. Any problems that interfere with good interpersonal relationships will affect the preceptor as well as the student. Rapport will not assure that learning takes place but it will help.

2. Teaching Requires Effective Communication

   Communication involves a transfer of ideas from one person to another. Communication can consist of written, verbal or nonverbal clues. It is important the student understands the terms you use. Nursing language has incorporated many new words into its vocabulary in the last few years with which the RN reentry student may not be familiar. To add to the confusion are all the abbreviations used in nursing records. Some are universally accepted and some are unique to one hospital. If you request a student to perform a specific task, be sure you are using the same language.

   Nonverbal clues may be as powerful as the spoken word. The twinkle in your eye or the frown on your face often says more than the words coming from your mouth.

3. Learning Needs of Students Must be Determined

   Before preceptors can help students reach their goals, they must be aware of the students' needs. Since the RN reentry students come

from such varied backgrounds, their individual needs will vary.

There are four ways learning needs can be determined. They are:

a. The student may tell you verbally, "I need to know how to start an IV."

b. By listening to the student, you can pick up clues to their learning needs. (i.e., "I took the Demerol from the narcotic cabinet but the sign out sheet does not have Demerol listed." The preceptor can assume the student needs to know that the other name for Demerol is Meperidine and that it is on the sign out sheet.

c. By observing the behavior of the student who shows a need for learning. You see the student discarding his/her syringe and needle in the trash can instead of the special container for needles.

d. The preceptor can ask questions of the student to determine learning needs. "I see you are prepared to give patient A her IV medication. How fast are you going to adminster the medication?" If he/she answers over a one minute period and the medication needs to be given over a period of ten minutes, you have established a learning need.

4. <u>Objectives Serve as Guides in Planning and Evaluating Teaching</u>

An objective is a statement of a desired outcome. The three major purposes of objectives are that they:

a. State goals for learning.

b. Provide direction for the teacher.

c. Permit evaluation according to specified criteria.

The school provides objectives for the student and the student adds his/her own personal objectives to the list. Your role as preceptor

will be to help the students reach their objectives by providing experiences that are relevant to their goals. By utilizing the objectives provided, you can plan their assignments with ease knowing what their desired actions are.

5. Control of the Environment is an Aspect of Teaching

The environment in which learning takes place can affect your teaching methods or make it preferable not to give instruction at all. If your student has had a very hectic shift and suddenly an order for an IV is written and the student has only observed an IV being started, then it might not be appropriate to allow him/her the learning experience due to the stressfulness of the situation.

6. Learning Principles Must be Applied Appropriately

While acting as a preceptor, try to utilize the learning principles that were presented earlier. In order to apply these principles, you must become familiar with your student. Then you can apply the learning principles by asking yourself some pertinent questions:

a. What is the motivational state?
b. What degree of anxiety is present?
c. Does he/she have a knowledge base as wide as you expected or do you have to adjust to his/her level?
d. What perception problems may interfere with learning?

7. Planning Time for Teaching and Learning Requires Special Attention

The preceptor's teaching will consist mainly of acting as a resource person for the student. It is important to remember that if your student does need some specific information, try to plan for it so you will not feel rushed.

8. Teaching Skills Can be Acquired Through Practice and Observation

Teaching skills are skills that can be learned through observation. Start observing those nurses on your unit who have special abilities in the area of instruction. Listen how radio or television announcers present information. Ask for tips, as well as feedback, from your co-workers regarding your teaching abilities.

9. Evaluation is an Integral Part of Teaching

One fallacy concerning teaching is that when all facts and information have been presented, learning has taken place and the teacher's work is done. Simply telling students how to perform a procedure does not guarantee they have learned the procedure. You need some way of evaluating the results. After evaluating the results, you may find that no learning has taken place and another approach is required.

INFORMATION SHEET #3

APPLICATION OF TEACHING-LEARNING PRINCIPLES
TO A CLINICAL SETTING

Directions

The following is a case study in which the preceptor has utilized some of the principles of teaching and learning in a clinical setting. As you read the narrative, refer to the principles being utilized listed in the left margin.

Mr. Fisher has been an RN reentry student on a surgical unit for three weeks. During his three weeks of clincal experience, which consisted of two days a week, he has been assigned to care for two to three post-operative patients at a time. His clinical preceptor is one of two team leaders on the evening shift.

OBJECTIVES SERVE AS GUIDES IN PLANNING AND EVALUATING TEACHING

It is the start of his fourth week and the preceptor is planning the next day. The preceptor reviews the objectives of the course provided by the college and by the student and observes that the student has as one of his objectives, "to administer medications safely using correct technique." The preceptor feels the student is ready to handle team medications but is not certain he possesses the organizational skills necessary to administer all

drugs on time. The preceptor assigns him to administer all medications and monitor the IV's on six post-operative patients.

The student comes to the unit and receives his assignment for the next day, allowing himself time to prepare for clinical experience by reviewing the medications he will need to give.

AN INDIVIDUAL MUST BE MOTIVATED IN ORDER TO LEARN

Student: "Oh, I have waited so long for this and all my other classmates have been doing IV's for two weeks. I just have to do it right so I can be as good as they are!"

The student arrives on the unit for clinical experience and has just finished hearing the report with his/her other team members.

PLANNING TIME FOR TEACHING AND LEARNING REQUIRES SPECIAL ATTENTION

Preceptor: (Talking to team members) "Will any of you need help during the evening with your patient care?"

Aide: "Could you help me at 8:00 with Mr. "T's" sitz bath? I have never used the new equipment before?"

Student: "Would you come with me while I give my first two IV push medications at 6:00 and 7:00 as this will be my first experience?"

TEACHING REQUIRES EFFECTIVE COMMUNICATION	Preceptor: "Do you want me to do the IV medications for you or do you want me to come and observe?"
	Student: "Oh, just observe." Proceeds to make rounds on his assigned patients and then begins to set up his 5:00 medications and the prn medications requested.
	Preceptor: Observes the student checking the labels as he pours the medication and again as he replaces the container on the shelf.
	Student: Passes medications and starts to chart medications but has difficulty so requests assistance from preceptor.
LEARNING NEEDS OF STUDENTS MUST BE DETERMINED	Preceptor: "What is it you need to know?"
	Student: "I have charted all the routine medications but I cannot find the place to chart the prn medications."
EFFECTIVE LEARNING REQUIRES ACTIVE PARTICIPATION	Preceptor: Points out the section for prn medications at the bottom of the page and leads the student through the charting of the first prn medication. "Now you try the second prn medication."
IMMEDIATE USE OF WHAT IS BEING LEARNED CONTRIBUTES TO RETENTION OF LEARNING	Student: Proceeds to chart medication correctly while preceptor observes and gives positive feedback.

REPETITION STRENGTHENS LEARNING; SATISFACTION REINFORCES LEARNING. EVALUATION IS AN INTEGRAL PART OF TEACHING

Preceptor: "You did that one right so why don't you finish the other ones on your own."

At 5:45, Mr. Young informs the preceptor he is ready to give his IV push of Keflin.

LEARNING NEEDS OF STUDENTS MUST BE DETERMINED

Preceptor: "How fast are you going to give the drug?"

Student: Responds appropriately.

Preceptor: "What are you going to do about the IVAC while you give the medication?"

Student: Blank look on face, "I don't know."

LEARNER'S FAMILIARITY WITH TERMS DETERMINES WHETHER NEW LEARNING CAN BE MASTERED

Preceptor: Begins to explain how to remove the IV tubing from machine and slow the drip rate down since the clamp is wide open when the machine is running.

Student: "Oh, you mean the controller."

EFFECTIVE COMMUNICATION

Preceptor: Puzzled look on face, "What."

Student: "Out at school our instructor always calls it the controller or infusion pump."

Preceptor: "Then you do know what to do?"

Student: "Oh yes, I reviewed it last night."

Student and preceptor proceed to the patient's room.

Student: Prepared to give IV medication by cleaning injection site with alcohol.

LEARNING MAY OCCUR THROUGH IMITATION	Preceptor: Calling patient by name checks ID bracelet with medication card.
	Student: Realizing his mistake in not checking the patient's ID band does so. Proceeds to give IV medication following the correct procedure.
THE PROCESS OF TRIAL AND ERROR IS A WAY OF LEARNING	After the medication has been given, he starts the IV controller machine but it will not run. He tries several different inaccurate maneuvers to get the machine running and finally discovers the IV tubing is partially clamped off. After unclamping the tube, the IV runs smoothly. The student and preceptor return to the nursing station.
EVALUATION IS AN INTEGRAL PART OF TEACHING	Preceptor: "You did a good job for your first IV push. You need to remember to check the patient's identification band and to unclamp the IV tubing when using the controller machine."

UNTI 4: ANXIETY AND THE RN REENTRY STUDENT

Introduction

Anxiety is not uncommon to any of us. We all have experienced the feeling at sometime or another. In this unit anxiety will be looked at in relation to RN reentry students and how the preceptor can help reduce anxiety in order for learning to take place.

Learning Experiences

Required readings:

1. Information Sheet #1: "Effects of Anxiety."
2. Information Sheet #2: "Dealing with Anxiety."

Optional reading:

1. "Anxiety Recognition and Intervention," Programmed Instruction, reprinted from American Journal of Nursing, September, 1965, Vol. 65, No. 9 (P-1).

Directions to the learner:

1. Read the objectives.
2. Complete the required readings to answer the objectives.

Objectives

After you have studied the information presented, you will be able to:

1. Define the term anxiety.
2. Recognize the three states of mind with which anxiety is frequently associated.
3. Describe the effect of anxiety on learning.
4. List five common behaviorial reactions to anxiety.

5. List five physical manifestations of anxiety.

6. List two ways a preceptor can help a student cope with anxiety.

INFORMATION SHEET #1

Effects of Anxiety

Anxiety is a phenomenon common to us all. Everyone has been anxious at some time. Anxiety has the benefical effect of helping one adapt to threatening situations and it is only when the anxiety is out of proportion to the situation does it cause problems. Anxiety is defined as "a troubled feeling; experiencing a sense of dread or fear, especially of the future or distress over a real or imagined threat to one's mental or physical well being" (13, p. A-103).

Every person needs to possess a good self-image. They need to feel useful, productive and have a sense of belonging. Any situation that threatens a person's self-image has the potential for evoking anxiety (Figure 4-1)(1, p. 134). Anxiety is frequently associated with three states of mind. These are a sense of helplessness, isolation (alienation) and insecurity (threat to identity)(1, p. 132).

The RN reentry students experience a large amount of anxiety during the first few weeks in the course. Many of the students experience a sense of insecurity or threat to identity. Students who held positions of head nurse or supervisor prior to leaving nursing now must reenter nursing as students. Having once possessed all the skills and knowledge to run a very organized floor that provided good nursing care, they return to a nursing unit where the only thing familiar may be the patient.

Changes that RN reentry students may encounter upon their return to nursing are varied. For example the beds no longer are rolled up by a crank but but by the push of a button and if one pushes the wrong button the television comes on. The forms in the chart have increased. There is now a

THREE STEPS IN THE DEVELOPMENT OF ANXIETY WHEN A PERSON EXPERIENCES A THREAT TO HER/HIS SELF-IMAGE

1. Increased mental and perceptual alertness to threat.
2. Physiological reactions largely mediated through the autonomic nervous system.
3. Feelings of tension, nervousness or apprehension.

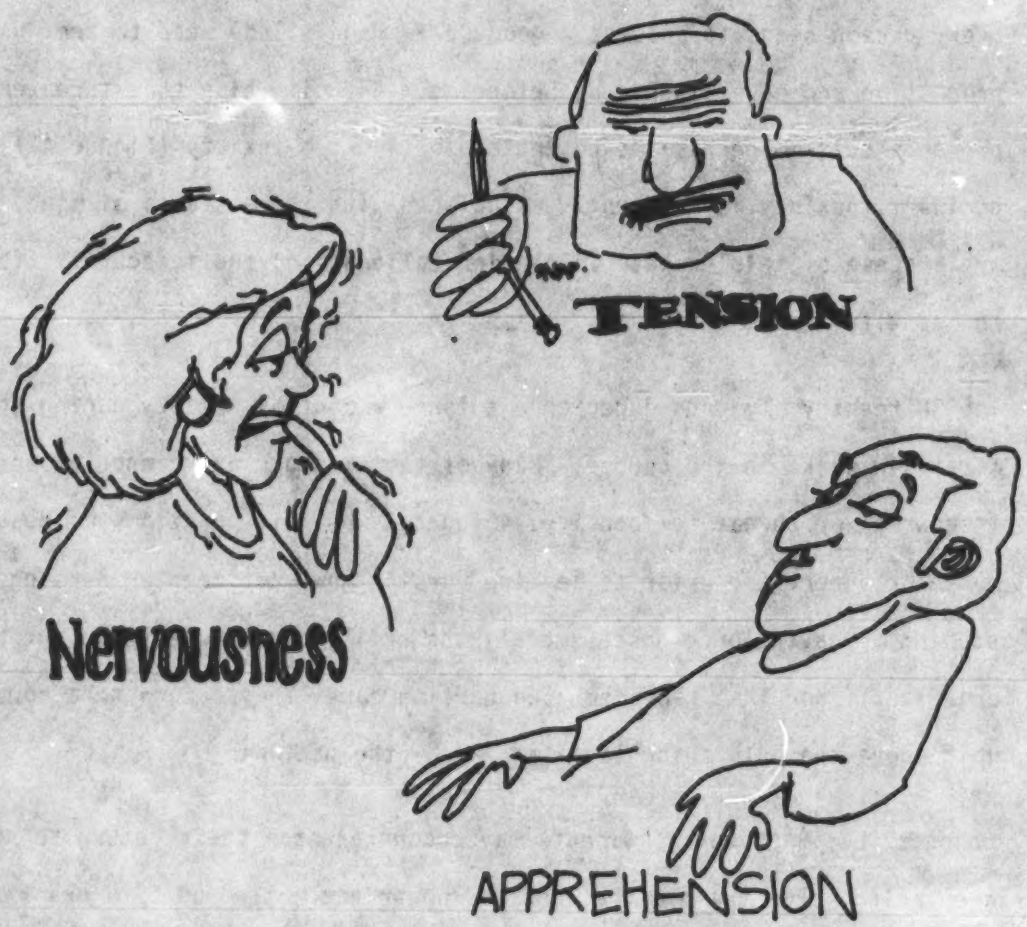

Fig. 4-1 41

possibility of charting medication on three to four different forms. The staff no longer looks the same. The nurses' caps have been removed, pant uniforms replace the dress uniforms and are found in a rainbow of colors. The staff has not only changed in looks but in number. There are physician assistants, nurse practitioners, respiratory therapists, respiratory technicians, licensed practical nurses I, licensed practical nurses II, certified aides and ward clerks. All of these changes that practicing registered nurses accept as normal may contribute to a sense of insecurity for the RN reentry student.

The RN reentry students may experience a sense of isolation. The students come to the unit without the reassurance of an instructor or the support of other students. The other team members all know one another and exchange their usual conversation about the affairs of the day and the preceptor is busy scheduling the work for the shift. The students are left psychologically alone in the middle of a group of active people with no feeling of being part of the nursing team.

The sense of helplessness may soon overwhelm them as they proceed confidently to answer a patient's call light and then realize they do not know how to turn off the light, let alone get the siderails down in order to reposition the patient in bed. The IV controller starts beeping and they stand helplessly staring at the machine until the patient calmly tells them how to turn the beeper off.

The above examples are minor details but can cause the reentry students to become frustrated and anxious. To the reentry student, everyone appears to be so much more proficient. Just as frightening to them, or maybe more so,

is the possibility that if they do not succeed in the reentry program, they will not be able to practice nursing in the future. Their once secure career is now part of the past.

Anxiety does affect learning. You have already been introduced to the learning principle, emotional conditions affect learning. Anxiety can help in the learning process but it can also block learning depending upon the degree of anxiety present in the learning situation.

"One important measure of the degree of anxiety is what happens to the individual's ability to focus on what is really happening to him in a particular situation" (1, p. 140). In mild anxiety the person is able to focus on most of what is really happening. In moderate anxiety the person has limited ability to focus on what is really happening. In severe anxiety the person cannot focus on what is really happening (1, p. 140). Mild anxiety may contritute to the learner's motivation. Strong feelings of anxiety may inhibit motivation, alter perception and make learning impossible. If the student's anxiety is high, the only item his/her mind may be focusing on is how to remove himself/herself from the threat. Verbal directions presented may not be heard by the student.

Anxiety always evokes behavior of some sort. Some types of behavior are successful in alleviating anxiety; other are not (Figure 4-2)(1, p.137). The degree of variation in behavior is so great that anxiety may result in constructive action or in panic.

Anxiety results in physical manifestations, as well as behaviorial reactions (Figure 4-3)(1, p. 135). The preceptor can use these signs of anxiety, physical or behaviorial, to detect students' anxiety.

INFORMATION SHEET #2

Dealing with Anxiety

Once the preceptor has recognized that a student is experiencing anxiety, intervene so as to help the student recognize he/she is anxious. If the student's hands are shaking as she/he tries to open the narcotic cabinet for the first time the preceptor might say, "I notice your hands are shaking. Are you a little nervous?" The fact the preceptor is supportive enough to recognize the student's anxiety will definitely help lower the threat of insecurity.

When both the student and the preceptor are aware of the anxiety present, the preceptor may do two things to help the student cope with the anxiety-causing threat. In the first step, the preceptor can help the student re-evaluate the threat. (Is it realistic? Is it really as bad as it looks?) In the second step the preceptor should help the student learn new ways of dealing with the threat (1, p. 145).

To illustrate how you use these two steps, consider again the example of the student opening the narcotic cabinet. First, you must help the student re-evaluate the anxiety-causing threat. You want to focus on what thoughts the student is having in regard to preparing and administering the medication. The student may be over-anxious due to frightening or catastrophic apprehension with regard to performanced and/or consequence of their acts. "I am so nervous I want to do this just right but I know I am going to make a big mistake. My preceptor will be watching and might think I'm really stupid. What if I drop everything...I just know I will. That will be horrible. Oh, I just cannot do it." The threat to the student is actually

the irrational thoughts. By focusing on the thought process, you can intervene with a response similar to: "Many times, when we get ready to do a new procedure, we unconsciously focus on the worst things that can happen. Are you having some of these feelings?" If the student responds in the positive, then you can deal with his/her thoughts: "Being nervous when another person is observing you is normal. I feel the same way when you are watching me. Just focus on what you are doing and if you make a mistake we will start over. The first time is always the hardest time."

The second step involves helping the student learn new ways to deal with the anxiety-causing threat. Fear or anxiety can be reduced or eliminated by having the student carry out new procedures one step at a time. Each step can be fully digested before going onto the next one. The student will feel less threatened by small steps than by attempting the procedure in its entirety. What are the options available and which are the most realistic?

Let us continue to look at the example of the student opening the narcotic cabinet. You can help the student restructure his/her thinking and perception in a more realistic way. By letting the student know that your purpose is one of support, he/she will begin to see you as a dependable support person rather than as an unpredictable threat to his/her self-esteem. You might ask the student how you could be more helpful. "How would it be if you stop preparation of the medication anytime you want to ask me a question?" At this point it would be helpful for the preceptor to communicate clearly that the student is not expected to be absolutely perfect.

In summary, the preceptor can intervene in students' anxiety by:

1. Helping the students realize they are anxious.
2. Helping the students re-evaluate the anxiety-causing threat.
3. Helping the students learn new ways of dealing with anxiety-causing threat.

Behavioral Reactions to ANXIETY

Fig. 4-3
4-10

Five Physiological Manifestations of
ANXIETY

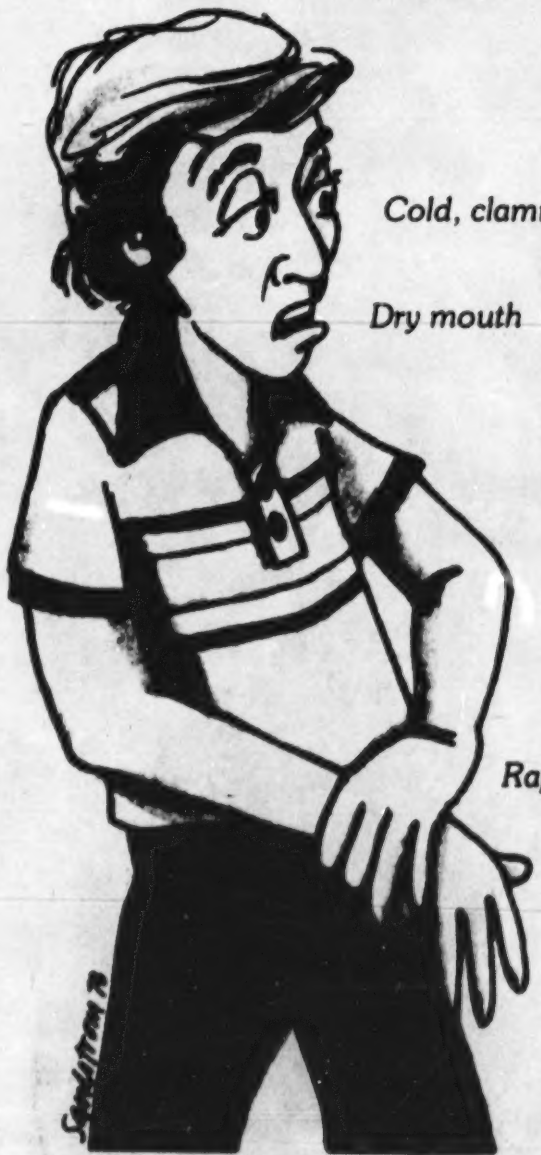
Increased blood supply to brain and skeletal muscles
Cold, clammy skin
Dry mouth
Rapid pulse
Tendency to void feces and urine

Fig. 4-2
4-11

UNIT 5. HOW TO IMPROVE THE RN REENTRY CLINICAL EXPERIENCE

Introduction

The RN reentry students come to your unit filled with doubt, apprehension and fear as they reenter the world of nursing with its many new problems, new equipment and new procedures to face. The key is to return the nurses to familiar ground. You can help them realize that these new skills are just one more way of improving nursing care and saving lives. This unit on clinical teaching will hopefully provide the preceptor with some practical tools to improve the students' clinical experience and to reduce the amount of stress created by assuming an additional role as preceptor.

Learning Experiences

Required readings:

1. Information Sheet #1: "Preceptor-Student Relationship"
2. Information Sheet #2: "Methods to Foster Independence"
3. Information Sheet #3: "Methods to Improve Clinical Experience"

Directions to Learner

1. Read the objectives.
2. Complete the required readings to answer the objectives.

Objectives

After you have studied the information presented here, you will be able to:

1. Discuss preceptor-student relationships.
2. Identify two methods to help the student develop independence.
3. Identify methods to improve the clinical experience of an RN reentry student.

INFORMATION SHEET #1

Preceptor-Student Relationship

The relationship between the preceptor and RN reentry student needs to be one which fosters learning. The preceptor and student become in many ways, senior and junior partners in caring for patients. In this section we will look at your feelings in acting as a preceptor.

Many staff nurses feel threatened when any type of student is assigned to their clinical unit. They often fantasize the worst about the situation. "They (the students) will ask me questions I cannot answer" or "they will expect me to perform all my duties perfectly." Let's face it, life is not perfect and neither are we. We cannot be expected to know all the answers and we do ourselves a great injustice if we cannot openly say, "I don't know." It takes courage to be imperfect; so be courageous! It is not necessary to verbalize all our fears or imperfections to the students at the onset; but as the clinical experience continues and necessity arises, we can legitimately say, "I don't know, but let's find out."

To begin with, it is necessary to look at the preceptor's primary role in acting as a preceptor. Your first responsibility is to your employing clinical institution. Your responsibility to the students is mainly as a resource person and team leader. (Granted the role of team leader has many of the same facets as a clinical instructor.) You need to plan assignments, based on pre-established objectives, plan patient care and evaluate the patient care as well as your co-workers in performing that patient care.

It is important to recognize one's own limitation in working with a student. If a student is assigned to you who possesses characteristics or attributes that are displeasing to you as a person, it will be very difficult to provide the leadership necessary to fulfill the student's goals. As soon as this situation occurs, you need to contact the course instructor. If it cannot be resolved, then the student should be reassigned. This is only fair to you and to the student.

INFORMATION SHEET #2

Methods to Foster Independence

Gradually Increase the Complexity of the Assignments

Registered nurses in a hospital situation are expected to be able to function as a team leader if not a charge nurse. Those registered nurses employed in nursing homes generally begin their employment as charge nurses with auxiliary help. It is important that during the nine to ten weeks that the students are on your unit they be assigned experiences that are sufficient to guarantee they can accept the work situation they will be entering upon completion of the course.

To help foster the independence they need, it is important not to overwhelm the students during their first week or two. They need that time to adapt. You play a big role in your expectations of the students. If you expect to have a registered nurse arrive on the unit possessing all the organizational skills and knowledge that they possessed when they left nursing, be it five, ten or fifteen years, then you will most likely overwhelm them. They do not come as blank slates; however, it does take time to remove the cobwebs and get the gears running smoothly. Since many of the reentry students had their initial schooling during the period of time when hospital service and direct patient care was the essential ingredient, they can probably handle patient care very well if the patient does not have new sophisticated equipment.

The best method then is to assign the reentry students to total patient care for a limited (2-3) amount of patients for the first week or two.

Then gradually increase the complexity of their work load. By week six they should hopefully be doing team medications and by the ninth week assuming the team leader role. These are arbitrary guidelines at best and will fluctuate based on each individual student.

Fostering Responsibility and Habits of Thoroughness

The RN reentry student must be given the responsibility of performing a task from beginning to end. In a clinical setting it is easy for students to do only a portion of the task. While working with the student, the preceptors may find themselves filling in the gaps that the students forget or lack the time to complete. While this is necessary in some circumstances, completing the student's work does not foster responsibility or habits of thoroughness. For example, the doctor requests that a thoracentesis be done on one of the student's patients. You gather the equipment, fill out the vouchers and then tell the student the doctor is on the way to the room. The student assists the physician, then leaves with the doctor to finish patient rounds. You, the preceptor, take care of the specimens and clean up the room. You may have provided a necessary learning experience but the student has not had the chance to perform all the work that would be required if acting alone. Thoroughness is a trait that needs to be reinforced.

Let us now look at the other side. The RN reentry student usually prefers to be busy doing activities that provide satisfaction. The student will often unconsciously assume the role of an auxiliary helper in answering all patient lights, cleaning up rooms and generally keeping busy doing routine tasks. This is often appreciated on a busy floor but keeps the student so busy one cannot practice decision-making skills or interact

with other hospital staff, which is an essential component of nursing practice for the registered nurse.

It is difficult to achieve a happy medium. The best that any of us can do is be aware of the situation and try to provide creative learning experiences. You might need to remind your staff members that the reentry student is on the unit to learn and not to necessarily lighten their work load. You must try to encourage the students to assume a leadership position. Think, "How do I function as a registered nurse." You, the preceptor, are the expert. You must help the students achieve the role of a staff nurse.

INFORMATION SHEET #3

Methods to Improve Clinical Experience

The following items are guidelines that can be utilized to improve the clinical experience of an RN reentry student:

1. Utilize the principles of teaching and learning.
2. Have student clearly state their objectives.
3. Provide continuous verbal evaluation on a daily basis.
4. Utilize the course instructor for guidance and help in dealing with student problems.
5. Talk with other preceptors to discuss ways they have found effective in dealing with students.
6. Request self-evaluation from the students regarding their clinical progress.
7. Be explicit in your expectations of the student.
8. Keep lines of communication open. Watch for nonverbal signs that the student is anxious, angry or under too much stress.

UNIT 6. THE PRECEPTOR'S ROLE IN STUDENT EVALUATION

Introduction

The basis for this unit on evaluation is not to introduce the learner to new techniques of evaluation since most nurses practice the technique of evaluation daily in relation to nursing care and in evaluating their co-workers. We will look at the evaluation form utilized by the State Board of Nursing as well as an evaluation tool that can be used weekly to provide student feedback.

Learning Experiences

Required reading:

1. Information Sheet #1: "Definition of Terms"
2. Information Sheet #2: "Purpose of Evaluation"
3. Information Sheet #3: "Weekly Evaluations"
4. Information Wheet #4: "Completing the Oregon State Board of Nursing Evaluation Form"

Directions to the Learner

1. Read the objectives.
2. Complete the required readings to answer the objectives.

Objectives

After you have studied the information presented here, you will be able to:

1. Define the following terms as used in the Nurse Practice Act of Oregon:

a. Responsibility.

b. Accountability.

c. Assessment.

d. Nursing diagnosis.

e. Nursing problem.

f. Nursing goal.

2. Describe the purpose of evaluation.

3. Explain the use of the daily evaluation tool.

4. Identify criteria to be evaluated in relation to the State Board of Nursing evaluation form.

INFORMATION SHEET #1

Definition of Terms

Responsibility and Accountability

Responsibility refers to what should be done, the expected action. Accountability is concerned with what was done compared with what should have been done. Accountability implies that the doer will be liable for what was done. The more responsibility an individual assumes, the greater will be the accountability for the performance of activities necessary to meet the responsibility. The nurse is usually judged on the basis of the results of nursing activities (3, p. 25).

Assessment

A continuous process of collecting, validating, analyzing and interpreting information about the patient in order to correctly identify present and potential problems and needs. The end result of assessment is the making of a nursing diagnosis (3, p. 100).

Nursing Diagnosis

A statement of the nursing problem (3, p. 112).

Nursing Problem

A situation in which the patient needs nursing assistance (3, p. 112).

Nursing Goals

Statements of the changes in behavior of the patient which should be brought about by nursing actions (4, p. 109).

INFORMATION SHEET #2

Purpose of Evaluation

The evaluation provided by the preceptor for the RN reentry student serves three major purposes:

1. The first purpose is to reinforce the student's learning. The successful completion of an objective provides satisfaction for the student. As presented in the unit on teaching-learning principles, satisfaction is necessary for learning. If the student goes about the assigned duties and never receives an evaluation of those duties, then he/she will not have the reinforcement to maintain his/her motivation. "My preceptor never says one way or the other how I am doing so why should I worry about it." Thus the student's performance may slip due to lack of reinforcement. Evaluation, therefore, reinforces the student upon successful completion of an objective.

2. Secondly, evaluation can serve to correct misinformation. If the student is not performing in the manner expected, evaluation can emphasize the area of weakness. The student, after giving a pain medication, may fail to chart the response to the medication. Your evaluation can help correct this error.

3. The third purpose of evaluation is to determine the effectiveness of teaching. This could be the preceptor's teaching or the course instructor's teaching. Evaluation is always a necessary follow-up whenever any patient or student teaching is provided. One may feel

they have succeeded in getting the message across; but if no change in behavior has resulted, the evaluation process will hopefully detect that fact.

As much as one would like to believe that evaluations are objective, we must accept the fact that subjectivity does interact in our decisions regarding evaluations. Realizing that subjectivity is there we can use it to our benefit instead of having it distort our evaluations. Our subjective feelings can serve to alert us to areas in nursing care the student may need help with or in areas they do especially well (12, p. 143). If we feel a student does not relate well with patients, we could observe them in patient interaction to determine if they do use good communication technique. Subjectivity is not bad if used properly. When it is used as the only means of evaluation, then it becomes unfair to those people relying on the evaluation.

One of the better ways to deal with bias is to consistently evaluate only descriptive behavior. You may feel a student is a safe nurse, but what are the actions the student uses that imply safety. The student may look up all new medications, put the siderails up after administering pain medication and regulate IV's correctly. Our evaluation process needs to be focused on these descriptive behaviors.

You also might want to clarify your feelings with colleagues. "Student James seems to be functioning well as a team leader. How did he do for you yesterday?" Your colleagues might point out some behavior you have not observed. Be careful that they deal with specific behavior in thier evaluation so their bias does not influence your judgment.

If you encounter problems in evaluating the student's clinical performance, you might encourage a more active self-evaluation from the student. Students offer a unique insight into their own progress. RN reentry students tend to be overly critical regarding their skills and many times possess unrealistic goals. So by encouraging self-evaluation you can help point out their areas of strength and offer support regarding their weaknesses.

INFORMATION SHEET #3

Weekly Evaluations

One of your responsibilities as a preceptor as explained in Unit 2 is to evaluate students on a weekly basis. Weekly evaluations that clarify students' strengths and weaknesses have proven to be difficult for past preceptors. Students and preceptors are tired at the end of an eight hour shift and trying to provide critical evaluations off the top of their heads has been time consuming. However, since meaningful weekly evaluations are necessary for the students' understanding of their performance in attaining their stated objectives, an evaluation tool has been constructed for your use. See Exhibit A.

The evaluation tool focuses on the same behaviors as the Oregon State Board of Nursing (OSBN) evaluation form. The student, in examining the evaluation tool, can visualize at once those areas needing improvement. At the end of the eleven weeks the preceptor should use these weekly evaluations as a guide in completing the OSBN form. It also provides the course instructor with feedback on student progress and gives input regarding those areas that may need more review or reinforcement in the classroom setting.

The evaluation tool consists of statements regarding the student's actions. At the end of the student's weekly work period, read through the evaluation tool and place the corresponding code next to the suitable statement.

The codes to be used on this evaluation tool are listed at the top of side one and side two for easy reference. The code for marking is:
Yes ___, No __, Needs Improvement __, Not Applicable ___.

You may complete the form in the following manner. In the blank provided place the corresponding code as follows:

Y = The student is performing satisfactorily.

N - The student is not performing satisfactorily.

I = The student needs improvement.

NA = Not applicable or cannot evaluate.

The use of the "Not applicable" category should be kept to a minimum. However, during the first week or two of clinical experience, the students are orientating themselves to the floor and this category may be utilized more than the others.

INFORMATION SHEET #4

Completing the Oregon State Board of Nursing Evaluation Form

At the end of the student's clinical experience the preceptor will fill out the Oregon State Board of Nursing (OSBN) evaluation form and discuss the results with the student. See Exhibit B. In order to make completion of this form easier, a "Guide to the OSBN Evaluation Form" has been prepared. See Exhibit C. The guide has major areas numbered one through thirteen and descriptive behavior criteria is listed under each area. The guide is not to be considered all inclusive so blank spaces have been provided under each major area for additional behaviorial criteria. This guide is to be utilized in making pertinent comments on the OSBN form itself.

The weekly evaluations prepared on each student should be summarized at the end of the eleven week period. Exhibit D is a weekly evaluation tool where descriptive behaviors are cross-referenced with the major area's of the guide to assist you in the preparation of the OSBN evaluation form.

After the evaluation form has been filled out and discussed with the student, it needs to be returned to the course instructor. The instructor will then complete the form and discuss the final results with the RN reentry student.

Exhibit A

WEEKLY EVALUATION FORM

STUDENT _____ DATE _____ PRECEPTOR _____
Code for Marking: Yes Y No N Needs Improvement I Not applicable NA

RESPONSIBILITY: Completes assigned tasks ___
Makes independent nursing decisions ___
Reports errors to preceptor ___
Reviews procedures as needed ___

ASSESSMENT: Completes nursing history ___
Records unhealthful responses of patients ___
Makes rounds on assigned patients throughout shift ___
Reviews patient records for data ___

IDENTIFIES PATIENT PROBLEMS: Aware of signs and symptoms related to nursing and medical diagnosis ___
Observes for potential patient problems ___
Adds pertinent data to nursing care plan ___

Uses good communication skills with patient ___ staff ___ doctors ___

PLANS PATIENT CARE: Determines patient priorities ___
Assigns personnel to patient care ___
Recognizes dependent and independent nsg. actions ___

IMPLEMENTATION OF NURSING CARE: Uses good body mechanics for patient and self ___
Uses safety measures correctly:
Siderails ___
Footbrakes ___
Restraints ___
Uses correct procedures when doing treatments ___
Manipulates equipment safely ___

MEDICATIONS: Timely ___ Aware of desired drug action ___
Aware of side effects ___
Gives drugs safely: IV rate ___
Compatabilities ___
Site for injections ___

Evaluates nursing care ___ Personnel ___ pt. teaching ___

CHARTING: Timely ___ Correct terminology ___
Relevant ___ Complete ___

COMMENTS:

Exhibit B

OREGON STATE BOARD OF NURSING
577 State Office Building
1400 SW Fifth Avenue
Portland, OR 97201

ASSESSMENT OF COMPLETION OF REGISTERED NURSE REENTRY PROGRAM

Fill in name of RN completing the reentry program. The instructor is to evaluate the RN's ability to function in the RN role and to comment in short, pertinent statements regarding the nurse's ability in the areas listed below. Instructor's comments are to be reviewed by the student and then signed by both instructor and student. Please return this form to:

Oregon State Board of Nursing
1400 SW Fifth Avenue #577
PO Box 231 (mailing address)
Portland, OR 97207

STUDENT'S NAME _____
(Last) (First) (Middle)

1. Assumes primary responsibility and accountability for the nursing of patients/clients case load: _____

2. Assesses the patients/clients needs based upon nursing history and observation of the patient's signs and symptoms: _____

3. Determines the nursing diagnoses based upon patient/client assessement: _____

4. Establishes nursing goals: _____

5. Develops patient/client nursing care based upon nursing diagnoses: _____

6. Implements the plan of nursing care: _____

7. Delegates nursing functions deemed safe for other licensed nursing personnel to perform: _____

8. Provides minimal or direct supervision of personnel to whom nursing care is delegated: _____

9. Evaluates persons for whom supervision is provided: _____

_____

10. Provides staff evaluation to improve patient care: _____

_____

11. Provides patient/client family education to maintain health and well-being: _____

12. Observes, records and reports conditions, signs and symptoms of patients/clients: _____

_____

13. Makes accurate, legible and intelligent entries in required records: _____

14. Do you recommend for licensure: _____. If not, reason: _____

_____

_____

15. Is employment planned? _____. If not, reason: _____

_____

_____

INSTRUCTOR'S SIGNATURE _____ TITLE _____

AGENCY _____

STUDENT'S SIGNATURE _____

DATE _____

PROGRAM NUMBER _____

GUIDE TO OSBN EVALUATION FORM

1. Assumes primary responsibility and accountability for the nursing of patients/clients case load.

   a. Makes independent nursing decisions.
   b. Seeks help from allied health workers as needed; i.e., therapist, social worker.
   c. Identifies own learning needs.
   d. Initiates calls/conversation with physician.
   e. Completes assigned tasks.
   f. Reports errors to preceptor.

2. Assesses the patients/clients needs based on nursing history and observation of the patient's signs and symptoms.

   a. Obtains nursing history by:
      - Interviewing the patient and family.
      - Completing a physical assessment.
      - Reviewing necessary medical records.
      - Collaborating with other health professions for comparison and validation of data.
   b. Assesses the patient receiving IV therapy. (Site, rate of flow and relationship of patient condition to fluid.)
   c. Assesses intake and output to be adequate or inadequate.
   d. Identifies patient's emotional and social feelings and takes appropriate means to help him/her cope.
   e. Assesses signs and symptoms related to health problem.
   f. Able to perform basic assessment skills: vital signs, chest and abdominal exam.
   g. Interprets history and physical.
   h. Able to read X-ray and surgical reports.

3. Determines the nursing diagnoses based upon patient/client assessment.

   a. Identifies the nursing or patient problem.
   b. Identifies potential patient problems.
   c. Identifies factors contributing to or associated with the problem.
      Example: Reddened area over coccyx and sacrum due to immobility.
   d. Prioritizes most important needs (life threatening) first.

4. Establishes nursing goals.

   a. States desired outsome in behaviorial terms.
      Example: Decrease size of redness over coccyx and sacrum.

5. Develops patient/client nursing care based upon nursing diagnosis.

   a. Initiates care plan on patient/client admission.
   b. Plans specifically how goals are to be achieved.
      Example: Turn q2h from side to side 8-10-12, etc.
               Rub area with lotion q2h 8-10-12, etc.
   c. Develops therapeutic relationships with patients.
   d. Writes nursing orders on kardex.

6. Implements the plan of nursing care:

   a. Carries out plan of care precisely and safely for individual and groups of patients.
   b. Relates patient's vital signs, medications and lab results to total condition and appropriately intervenes.
   c. Relates patient treatment to his/her signs, symptoms and diagnoses.
   d. Documents nursing activities.
   e. Administers patient medications safely.
   f. Sets appropriate priorities for patient care.
   g. Evaluates patient care.
   h. Demonstrates organized use of time, energy and equipment.
   i. Refers to procedure manual as needed.

7. Delegates nursing functions deemed safe for other licensed nursing personnel to perform.

   a. Evaluates skills, strengths and weaknesses of assigned staff.
   b. Makes assignments based on need and individual staff abilities.
   c. Has awareness of the functions of all team members allowed by law.

8. Provides minimal or direct supervision of personnel to whom nursing care is delegated.

   a. Communicates with personnel throughout shift regarding care delegated and new orders.
   b. Provides direct supervision of personnel when needed.
   c. Gives guidance to each team member throughout shift.

9. Evaluates persons for whom supervision is provided.

   a. Evaluates nursing care for assigned patients.
   b. Analyzes strengths and weaknesses of personnel.

10. Provides staff evaluation to improve patient care.

    a. Plans formal presentation regarding patient care (patient care conference).
    b. Provides informal teaching when needed.

11. Provides patient/client family education to maintain health and well being.

    a. Implements teaching to patient and family including:
        - Pre- and post-operative instruction.
        - Discharge planning.
        - Preparation for diagnostic tests.
    b. Identifies needs of patient/family in relation to teaching.
    c. Utilizes principles of teaching.
    d. Refers to appropriate resources if needed.

12. Observes, records and reports conditions, signs and symptoms of patient/clients.

    a. Notifies appropriate personnel on patient progress throughout shift.
    b. Reports pertinent data to all necessary personnel.
    c. Reports pertinent information for continuity of care to oncoming shift.
    d. Records signs and symptoms of patient.

13. Makes accurate, legible and intellignet entries in required records.

    a. Keeps kardex current by accurately transferring physician and nursing orders.
    b. Charts all relevant patient behavior in a clear and concise manner.
    c. Uses correct terminology and spelling when charting.
    d. Charts all information in correct place; i.e., diabetic sheet, anticoagulant sheet.
    e. Charts in an organized manner and relates to patient problem list.

EVALUATION TOOL

The Numbers Provided in the Blanks Give a Cross-Reference to the "Guide to OSBN Evaluation Form"

STUDENT _____ DATE _____ PRECEPTOR _____
Code for Marking: Yes Y No N Needs Improvement I Not applicable NA

RESPONSIBILITY: Completes assigned tasks 1
Makes independent nursing decisions 1
Reports errors to preceptor 1
Reviews procedures as needed 1

ASSESSMENT: Completes nursing history 2
Records unhealthful responses of patients 2
Makes rounds on assigned patients throughout shift 2
Reviews patient records for data 2

IDENTIFIES PATIENT PROBLEMS: Aware of signs and symptoms related to nursing and medical diagnosis 6
Observes for potential patient problems 3
Adds pertinent data to nursing care plan 4

Uses good communication skills with patient 2 staff 8-12 doctors 12

PLANS PATIENT CARE: Determines patient priorities 6
Assigns personnel to patient care 7
Recognizes dependent and independent nsg. actions 5

IMPLEMENTATION OF NURSING CARE: Uses good body mechanics for patient and self 6
Uses safety measures correctly:
Siderails 6
Footbrakes 6
Restraints 6
Uses correct procedures when doing treatments 6
Manipulates equipment safely 6

MEDICATIONS: Timely 6 Aware of desired drug action 6
Aware of side effects 6
Gives drugs safely: IV rate 6
Compatabilities 6
Site for injections 6

Evaluates nursing care 9 Personnel 9-10 pt. teaching 11

CHARTING: Timely 13 Correct terminology 13
Relevant 13 Complete 13

COMMENTS:

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